(02	6		Clien	nt#: 2661			AME	First of a	1007 1002	
	ACO)RD _™	CEF		ICATE OF LIA	ABI	LITY I	NSURAI	NCE	DATE (MM/DD/YYYY) 07/27/07	
PRODUCER Moreton & Company - Utah 709 East South Temple Salt Lake City, UT 84102					RECEIVED AUG 0 1 2007		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFO ONLY AND CONFERS NO RIGHTS UPON THE CERTIFI HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXT ALTER THE COVERAGE AFFORDED BY THE POLICIES			FORMATION TIFICATE EXTEND OR	
801 531-1234 DIV OF OUR CAS & NUMBER						IIAI^	INSURERS AFFORDING COVERAGE			NAIC #	
American Towers Owners Assoc. Attn: Joe Toronto 48 West 300 South Salt Lake City, UT 84101							INSURER A: A1 INSURER B: INSURER C: INSURER D: INSURER E:				
T A M P	HE POLIC NY REQU AY PERT, OLICIES.	IES OF INS IREMENT, AIN, THE IN	TERM OR C ISURANCE /	ONDITION AFFORDED	OW HAVE BEEN ISSUED TO THE OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED Y HAVE BEEN REDUCED BY PAI	DOCUM HEREIN ID CLAIM	ENT WITH RESI IS SUBJECT TO IS.	PECT TO WHICH THE ALL THE TERMS, E	IS CERTIFICATE MAY BE IS EXCLUSIONS AND CONDITION	SHED OR	
TR	ADD'L INSRD		F INSURANC	E	POLICY NUMBER	PC D	LICY EFFECTIVE ATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	1	T	
	GE	+	DILITY DIAL GENERA MS MADE	L LIABILITY OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	
	GE	N'L AGGREG	ATE LIMIT AF	PPLIES PER:					PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	
	AU	ANY AUTO	IABILITY	1200					COMBINED SINGLE LIMIT (Ea accident)	\$	
		SCHEDULI HIRED AU	ED AUTOS						BODILY INJURY (Per person)	\$	
		иои-оми	ED AUTOS						(Per accident) PROPERTY DAMAGE (Per accident)	\$	
	GA	RAGE LIABII	LITY			-			AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO							OTHER THAN EA ACC AUTO ONLY: AGG	\$	
	EX	CESS/UMBRI	CLA						EACH OCCURRENCE AGGREGATE	\$ \$	
	WORKET	RETENTIO	N \$						WC STATU-	\$	
	ANY PROPERTY OFFICER/	ERS' LIABILIT PRIETOR/PA 'MEMBER EX cribe under	TY RTNER/EXEC CLUDED?	UTIVE					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		
-	OTHER Prop/Bldg				TS403		/29/07	07/29/08	Blanket \$107,230,000 Spec Form / Repl Cost \$10,000 Deductible		
Jni Jni Evi Moi	DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER Prop/Bldg CCRIPTION OF OPERATIONS / LOCATIONS / VEHIC it #2404N, 48 West 300 South, SLU it Owner: Alexander H. Walker, Jr idence of Common Area Property ortgagee as respects to unit above			ons / vehic outh, SLC alker, Jr.	CLES / EXCLUSIONS ADDED BY ENDO C, UT . and Cecil Ann Walker Coverage. Certificate Ho	DRSEMEN	named as	VISIONS	WC STATU- TORYLIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Blanket \$107,230,00 Spec Form / Repl Co \$10,000 Deductible	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
드	5							CANCELLATION Ten Day Notice for Non-Payment of Premium SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN			
Dept. Natural Resources Division of Oil, Gas & Mining 1594 West North Temple #1210						ļ,	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. ALITHOPIZED REPRESENTATIVE				